

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90175 017 \*\*\*\*70.00

**DOCUMENT # N98000004161**

1. Entity Name

**CHAPEL FOUNDATION OF IRCC, INC**

Principal Place of Business

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

Mailing Address

**1936 FREEDOM DRIVE  
 MELBOURNE FL 32940-6876**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3545204**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAYBRIGHT, CYNTHIA A  
 1936 FREEDOM DRIVE  
 MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Cynthia Waybright*

*Cynthia Waybright*

*Secretary/  
 Treasurer*

*4/13/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEITH, FRANK</b>	
STREET ADDRESS	<b>1348 PILGRIM</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WAYBRIGHT, CYNTHIA A</b>	
STREET ADDRESS	<b>2642 SHELL WOOD DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCALISTER, ELVIN</b>	
STREET ADDRESS	<b>1717 FREEDOM DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POOLE, GINNY</b>	
STREET ADDRESS	<b>1170 MAYFLOWER AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, EDWIN</b>	
STREET ADDRESS	<b>1508 INDEPENDENCE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, WENDELL</b>	
STREET ADDRESS	<b>1084 IRONSIDES AVE.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Walsh, Eugene R.</b>	
STREET ADDRESS	<b>1502 Independence Ave</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32940</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cynthia Waybright*

*Cynthia Waybright*

*Secretary/  
 Treasurer*

*4/13/00 (321) 255-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)